INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| Loc | | 43 | | | | la. Maiden | Last Name | | | | | | | | | |
|--|---|--|--|--|---|--|--|--|--|--|--|---|--|---------------------------|--|----------------|
| 1. Decedent's Legal Name (Fi | A. | MICHA | ALAK | | | Lap | pcis | | | | | | | | 19,20 | |
| 5. Social Security Number 336-18- 1440 9. Ever in U.S. Affined Forces | 1 | Months If Death Occurre | red in A Hos | Days | 008 | 6d. Under | <u> </u> | a. Under 1 Hour Anutes Anutes Hospice Facility | I M.≜ | MED 11 | 7:T920 | IIS. | Chao |). T | Or Foreign Count | <i>)</i> |
| Yes No Unknown II 11. Facility Name (If Not Instit | | Inpatient L Er reet And Numbe | mergency D er) | epartment C | Xitpatient L | Dead On Arriv | al I | Hospice Facility | y LI Decedent's | Hojmiei 🛂 | NUISING HORSELS | DER | are Facility L | Uther (S | ореспу) ———————————————————————————————————— | |
| St. Ant] | | Hospi | ice | | | | | 13. County | ov Of Death | | | 1 14 14 | Marital Status | At Time Of | f Death | |
| Crown Poil Surviving Spouse's Name | nt, I | ndiar | na 4 | | | Give Maiden Las | st Name | I | Lake | Occupation | | _ M 32 W | larried 🔲 M | Namied, But Never Marr | t Separated 🔲 Div | orced |
| 18. Residence – State | | | | | | | | 18b. City Or To | lousew | vife | | | | | | |
| Indiana | | | 18 | Ba. County | ıke | | | Gar | | | | | | | | |
| 18c. Street And Number 521 E. 521 | nd Av | ⁄е. | | | | | | J | - <u>Y</u> | | 18d. Apt. No. | | 18e. Zip 0 | | 18f. Inside | |
| 19. Decedent's Education | | | | 20. Dece | dent Of Hispa | anic Origin | | 21. | l. Decedent's Ra | | | | Į | | <u> </u> | - |
| 12 22. Father's Name (First, Mid | (dle 1 set) | | | | | | 1 - | 23. Mother's Name | Whi | | | | 775 | Mather's #4 | faiden Last Name | |
| Martin | | is | | | Balotter | To Decedent | | Rose | Lapci | s | v Shi- 7- S. | | | ono | | |
| Annette De | erunt | z | | 24a. | augh | | | 246. Mailing Addre | | | | | ervi | lle | In 46 | 38 |
| | | | | | | | 25 Place | e Of Disposition | n . | | | | | | | |
| 25a. Method Of Disposition. | | | | / - | - | Of Cemetery, Cr | rematory, O | | 25c. Local | | Town, And State | | | | | |
| Burial 1 Cremation Removal From State Other (Specify) | | 1 | Но | ly Ç | ross | of Cemetery, Cr | eter | ther Place) | 25c. Local | ume | t City | , I | llin | | ineral Home Licen | e Nu |
| Burial Toremation Removal From State Other (Specify): 26. Was Coroner Contacted: | ? | 27. Name And Rendi | HO | ly C | Cross | of Cemetery, Cr | eter enti | | Cal | ume | of Gary | ,In | l | 27a. Fu | neral Home Licen 8 3 0 0 7 8 | |
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| Burial Toremation Removal From State Other (Specify) 26. Was Coroner Contacted Yes State 27b. Signature Of Indiana Further Charles 28. Part I. Enter The Charles Such As Cardiac Arrest, A Line. Add Additional L | ? MACLE Service II Main Of Even Respiratory Lines If Nece | 27. Name And Rendi Rendi Licensee: Licensee: Arrest, Or Vessary. | Ho de Completé de la na | Address of Fune | cross Funeral Facility and Faci | of Cemetery, Cr | th (See I | yFIC s the r 0 Clev metructions The Death, Do Do Not Abbrevia | 25c. Local Cal Cal And Examp | Lume | of Gary To: License Numb FDO1 | r, In | ensee): 402 | FH (| Appro- | 1 S |
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